



AMENDMENT AFTER FINAL REJECTION
EXPEDITED HANDLING REQUESTED - GAU 1615

00005.001195

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Gollamudi S. Kishore, Ph.D.
YASUKI KATO ET AL.)
: Group Art Unit: 1615
Application No.: 10/018,349)
: Filed: December 19, 2001)
: For: METHOD OF INHIBITING)
: LEAKAGE OF DRUG)
: ENCAPSULATED IN)
: LIPOSOMES) July 7, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME
and
AMENDMENT UNDER RULE 116

07/12/2004 SHINASS1 00000060 10018349

01 FC:1251

110.00 OP

Sir:

Applicants petition to extend the time for response to the Office Action dated March 23, 2004 to July 23, 2004. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.



AF/1615
\$

In re Application of:

Docket No. 00005.001195

YASUKI KATO, ET AL.

Application No.: 10/018,349

Examiner: Gollamudi S. Kishore, Ph.D.

Filed: December 19, 2001

Group Art Unit: 1615

For: METHOD OF INHIBITING
LEAKAGE OF DRUG
ENCAPSULATED IN LIPOSOMES

Date: July 7, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 45	MINUS	** 77	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 8	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						Previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

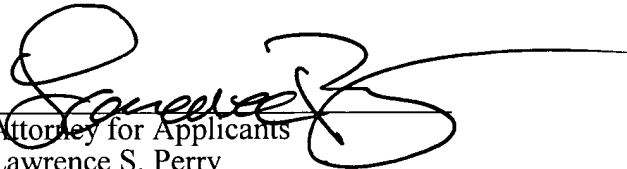
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Lawrence S. Perry
Registration No. 31,865

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

LSP\ac

NY_MAIN 438111v1